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OCT 15 2007

ANDREW D. FORTNEY, PH.D.

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FAX: 1 (571) 273-8300

DATE: 10-15-2007

TIME: 4 : 43 AM / PM

- WITH CONFIRMATION
 WITHOUT CONFIRMATION

RE: APPLICATION NO. 10/764,905

FILED: January 26, 2004

I hereby certify that this document and all documents listed below are being transmitted via facsimile to
 Commissioner for Patents, fax no. (571) 273-8300, on October 15, 2007

By: Judy Ryan
 Judy Ryan

SUBMITTED HEREWITH FOR THE ABOVE-CAPTIONED APPLICATION:

- Transmittal Form
- Petition for One Month Extension of Time
- Request for Continued Examination
- Applicant Initiated Interview Request Form

Respectfully submitted,

Andrew D. Fortney, Ph.D.; Reg. No. 34,600

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PTO/SB/21 (10-07)

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TRANSMITTAL
FORM

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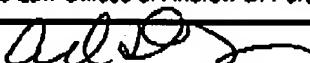
7

Application Number	10/764,905
Filing Date	January 26, 2004
First Named Inventor	Sang Hun OH
Art Unit	1756
Examiner Name	Sullivan, Caleen O.
Total Number of Pages in This Submission	PIA31205/ANS/US

ENCLOSURES (Check all that apply)

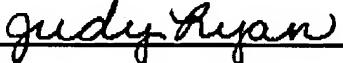
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> - Fax Transmission Cover Page
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> - Request for Continued Examination
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD. Number of CD(s) _____	<input type="checkbox"/> - Applicant Initiated Interview Request Form
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Law Offices of Andrew D. Fortney, Ph.D., P.C.		
Signature			
Printed name	Andrew D. Fortney, Ph.D.		
Date	10-15-2007	Reg. No.	34,600

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Judy Ryan	Date	10-15-2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-07)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2008 Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
930**Complete If Known**

Application Number	10/764,905
Filing Date	January 26, 2004
First Named Inventor	Sang Hun OH
Examiner Name	Sullivan, Caleen O.
Art Unit	1756
Attorney Docket No.	PIA31205/ANS/US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	0
Design	210	105	100	50	130	65	0
Plant	210	105	310	155	160	80	0
Reissue	310	155	510	255	620	310	0
Provisional	210	105	0	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

210

105

Multiple dependent claims

370

185

Total Claims**Extra Claims** **Fee (\$)** **Fee Paid (\$)**- 20 or HP = **0** **x** **= 0**

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Indep. Claims**Extra Claims** **Fee (\$)** **Fee Paid (\$)**- 3 or HP = **0** **x** **= 0**

HP = highest number of independent claims paid for, if greater than 3.

0

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x = 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): Petition for 1-month Ext. of Time (\$120.) and Request for Continued Exam. (\$610.)

930

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,600	Telephone	559-432-6847
Name (Print/Type)	Andrew D. Fortney, Ph.D.		Date	10-15-2007	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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